

**UGANDA AIDS INDICATOR SURVEY  
QUESTIONNAIRE FOR WOMEN AND MEN 15-59**

IDENTIFICATION																																		
DISTRICT: _____	<table border="1" style="width: 100%; height: 100%; border-collapse: collapse;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table>																																	
SUB-COUNTY/DIVISION: _____																																		
PARISH: _____																																		
LC1: _____																																		
NAME OF HOUSEHOLD HEAD: _____																																		
CLUSTER NUMBER .....																																		
HOUSEHOLD NUMBER .....																																		
REGION .....																																		
KAMPALA=1, SMALL CITY=2, TOWN=3, RURAL=4 .....																																		
NAME (OR INITIALS) AND LINE NUMBER OF RESPONDENT _____																																		
SEX OF RESPONDENT (MALE=1, FEMALE=2) .....																																		
RESPONDENT SELECTED FOR SV QUESTIONS (YES=1, NO=2) .....																																		
INTERVIEWER VISITS																																		
	1	2	3	FINAL VISIT																														
DATE	_____	_____	_____	DAY <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>																														
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INTERVIEWER'S NAME	_____	_____	_____	YEAR <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px; text-align: center;">2</td><td style="width: 20px; height: 20px; text-align: center;">0</td><td style="width: 20px; height: 20px; text-align: center;">1</td><td style="width: 20px; height: 20px; text-align: center;">1</td></tr></table>	2	0	1	1																										
2	0	1	1																															
RESULT*	_____	_____	_____	INTERVIEWER NUMBER <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>																														
NEXT VISIT: DATE	_____	_____		RESULT <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td></tr></table>																														
TIME	_____	_____		TOTAL NUMBER OF VISITS <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td></tr></table>																														
*RESULT CODES:																																		
1 COMPLETED                      4 REFUSED																																		
2 NOT AT HOME                      5 PARTLY COMPLETED                      7 OTHER _____																																		
3 POSTPONED                      6 INCAPACITATED                      (SPECIFY)																																		
LANGUAGE OF QUESTIONNAIRE <b>ENGLISH</b>				Q LANGUAGE <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px; text-align: center;">0</td><td style="width: 20px; height: 20px; text-align: center;">7</td></tr></table>	0	7																												
0	7																																	
NATIVE LANGUAGE OF RESPONDENT _____				N LANGUAGE <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>																														
TRANSLATOR USED (NOT AT ALL=1; SOMETIMES=2; ALL THE TIME=3)				TRANSLATOR USED? <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td></tr></table>																														
LANGUAGE: 01 ATESO-KARAMOJONG                      05 RUNYANKOLE-RUKIGA																																		
02 LUGANDA                      06 RUNYORO-RUTORO																																		
03 LUGBARA                      07 ENGLISH																																		
04 LUO                      08 OTHER/FIELD TRANSLATION																																		
TEAM SUPERVISOR																																		
NAME _____																																		
DATE _____	<table border="1" style="display: inline-table;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>																																	

## SECTION 1 - RESPONDENT'S BACKGROUND

REQUEST CONSENT FOR THE INTERVIEW.

HIV is one of the leading causes of death in this country. Syphilis is also a common sexually transmitted disease. The government would like to know how common HIV and syphilis are in the country so that they can plan for better services for people affected or infected with HIV and syphilis.

Your household has been selected purely by chance from your community.

We will be asking 37,000 people from over 11,000 households all over the country to participate. The survey will last about 6 months and the interviews will not last more than 30 minutes.

You can choose to participate in the survey or not. It is your choice. If you choose not to participate in the survey, there is no problem.

If you choose to participate in the survey, I will ask you some questions about yourself (for example, your age and education). Other questions are what you think and do related to your health. Some questions are about your personal sexual behaviour. The interview takes about 30 minutes.

It is up to you or your household member whether or not to participate in the survey. You can stop participating in the survey at any time you want for any reason without penalty.

Most of the questions are general in nature but there are some that are personal and may make you uncomfortable. It is fine to skip any question that you don't want to answer. You may also stop the survey at any time without penalty. This will not affect the medical care that you receive. Because we will ask you to give personal information, participation in this survey may risk a loss of privacy. We do not expect major risks from participating in this survey. To minimize risks:

1. All information you share will be kept secret.
2. Your name or identifiable information will NOT be used in any survey materials.
3. Only research team members will have access to your data and specimens.
4. Skilled interviewers will be trained to protect your privacy.

You may not benefit directly from being part of this survey, but the information you provide will help the country in providing good services for all. If you provide us with data about yourself, we can help understand more about these two illnesses and how to prevent them. We will not offer you money for participating in the survey.

Everything we talk about will be kept secret to the extent allowed by the law. Your test results will be kept secret to the extent allowed by the law. To protect your privacy, we will use a code number to identify you and all specimens. We will keep these records and specimens locked. Only special staff will be able to look at the records or use the specimens. Your name or any other facts that might point to you will not appear when we present this survey or publish its results.

We would like to answer all your questions. If you have any questions now, please ask us. If you have any questions in the future, there are other persons that you can contact.

Ministry of Health:

Dr. Alex Opio: 0414-256683

Dr. Joshua Musinguzi: 0414-256683

Dr. Wilford Kirungi: 0414-256683

If you have any concerns about your rights in this survey, please contact Mr. Tom Lutalo Chairman UVRI Science and Ethics Committee 0414-320272.

RESPONDENT AGREES TO BE INTERVIEWED . . . 1      RESPONDENT DOES NOT AGREE TO BE INTERVIEWED . . . 2 → END



NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
101	RECORD THE TIME.	HOUR ..... <input type="text"/> <input type="text"/> MINUTES ..... <input type="text"/> <input type="text"/> MORNING ..... 1 AFTERNOON ..... 2 EVENING/NIGHT ..... 3	
102	In what month and year were you born?	MONTH ..... <input type="text"/> <input type="text"/> DON'T KNOW MONTH ..... 98 YEAR ..... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW YEAR ..... 9998	
103	How old are you? COMPARE AND CORRECT 102 AND/OR 103 IF INCONSISTENT.	AGE IN COMPLETED YEARS <input type="text"/> <input type="text"/>	
104	Have you ever attended school?	YES ..... 1 NO ..... 2	→ 107
105	What is the highest level of school you attended: primary, 'O' level, 'A' level, or university or tertiary?	PRIMARY ..... 1 'O' LEVEL ..... 2 'A' LEVEL ..... 3 UNIVERSITY/TERTIARY ..... 4	
106	What is the highest (class/year) you completed at that level?	CLASS/YEAR ..... <input type="text"/> <input type="text"/>	
107	Do you read a newspaper or magazine almost every day, at least once a week, less than once a week or not at all?	ALMOST EVERY DAY ..... 1 AT LEAST ONCE A WEEK ..... 2 LESS THAN ONCE A WEEK ..... 3 NOT AT ALL ..... 4 CANNOT READ ..... 8	
108	Do you listen to the radio almost every day, at least once a week, less than once a week or not at all?	ALMOST EVERY DAY ..... 1 AT LEAST ONCE A WEEK ..... 2 LESS THAN ONCE A WEEK ..... 3 NOT AT ALL ..... 4	
109	Do you watch television almost every day, at least once a week, less than once a week or not at all?	ALMOST EVERY DAY ..... 1 AT LEAST ONCE A WEEK ..... 2 LESS THAN ONCE A WEEK ..... 3 NOT AT ALL ..... 4	
110	FEMALE <input type="checkbox"/> MALE <input type="checkbox"/>		→ 113
111	Aside from your own housework, have you done any work in the last seven days?	YES ..... 1 NO ..... 2	→ 116
112	As you know, some women take up jobs for which they are paid in cash or kind. Others sell things, have a small business or work on the family farm or in the family business. In the last seven days, have you done any of these things or any other work?	YES ..... 1 NO ..... 2	→ 116 → 114

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
113	Have you done any work in the last seven days?	YES ..... 1 NO ..... 2	→ 116
114	Although you did not work in the last seven days, do you have any job or business from which you were absent for leave, illness, vacation or any other such reason?	YES ..... 1 NO ..... 2	→ 116
115	Have you done any work in the last 12 months?	YES ..... 1 NO ..... 2	→ 117
116	What is your occupation, that is, what kind of work do you mainly do?  INTERVIEWER: PROBE TO OBTAIN DETAILED INFORMATION ON THE KIND OF WORK RESPONDENT DOES.	CATEGORIES - DROP DOWN MENU  _____  _____  <input type="text"/> <input type="text"/> <input type="text"/>	→ 118
117	What have you been doing for most of the time over the last 12 months?	GOING TO SCHOOL/STUDYING ... 01 LOOKING FOR WORK ..... 02 RETIRED ..... 03 TOO ILL TO WORK ..... 04 HANDICAPPED, CANNOT WORK ... 05 HOUSEWORK/CHILD CARE ..... 06  OTHER _____ 96 (SPECIFY)	
118	How long have you been living continuously in (NAME OF CURRENT PLACE OF RESIDENCE)?  IF LESS THAN ONE YEAR, RECORD '00' YEARS.	YEARS ..... <input type="text"/> <input type="text"/> ALWAYS ..... 95 VISITOR ..... 96	
119	In the last 12 months, on how many separate occasions have you traveled away from this community (the community where you usually live) and slept away?	NUMBER OF TRIPS ..... <input type="text"/> <input type="text"/> NONE ..... 00	→ 121
120	In the last 12 months, have you been away from your home community for more than one month at a time?	YES ..... 1 NO ..... 2	
121	What is your religion?	CATHOLIC ..... 01 ANGLICAN/PROTESTANT ..... 02 SDA ..... 03 ORTHODOX ..... 04 PENTECOSTAL ..... 05 OTHER CHRISTIAN ..... 06 MOSLEM ..... 07 BAHAI ..... 08 TRADITIONAL ..... 09 HINDU ..... 10 NONE ..... 11 OTHER ..... 96	
122	What is your ethnic group? _____	ETHNIC GROUP ..... <input type="text"/> <input type="text"/>	

ETHNIC GROUP CODES:

- |                   |                    |                     |
|-------------------|--------------------|---------------------|
| 01 = BAGANDA      | 06 = LANGI         | 11 = ALUR/JOPADHOLA |
| 02 = BANYANKORE   | 07 = BAKIGA        | 12 = BANYORO        |
| 03 = ITESO        | 08 = KARIMOJONG    | 13 = BATORO         |
| 04 = LUGBARA/MADI | 09 = ACHOLI        | 96 = OTHER          |
| 05 = BASOGA       | 10 = BAGISU/SABINY |                     |

**SECTION 2 - REPRODUCTION**

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
201	<p align="center">MALE <input type="checkbox"/></p> <p>Now I would like to ask about all of the children you have had during your lifetime. I am interested only in the children that are biologically yours, even if they are not legally yours or do not have your last name. Have you ever fathered any children with any woman?</p>	<p align="center">FEMALE <input type="checkbox"/></p> <p>Now I would like to ask about all the births you have had during your lifetime. Have you ever given birth?</p>	<p>YES ..... 1</p> <p>NO ..... 2 → 206</p>
202	<p>Do you have any sons or daughters that you have fathered who are now living with you?</p>	<p>Do you have any sons or daughters to whom you have given birth who are now living with you?</p>	<p>YES ..... 1</p> <p>NO ..... 2 → 204</p>
203	<p>How many sons live with you?</p> <p>And how many daughters live with you?</p> <p>IF NONE, RECORD '00'.</p>		<p>SONS AT HOME ..... <input type="text"/></p> <p>DAUGHTERS AT HOME ..... <input type="text"/></p>
204	<p align="center">MALE <input type="checkbox"/></p> <p>Do you have any sons or daughters that you have fathered who are alive but do not live with you?</p>	<p align="center">FEMALE <input type="checkbox"/></p> <p>Do you have any sons or daughters to whom you have given birth who are alive but do not live with you?</p>	<p>YES ..... 1</p> <p>NO ..... 2 → 206</p>
205	<p>How many sons are alive but do not live with you?</p> <p>And how many daughters are alive but do not live with you?</p> <p>IF NONE, RECORD '00'.</p>		<p>SONS ELSEWHERE ..... <input type="text"/></p> <p>DAUGHTERS ELSEWHERE . <input type="text"/></p>
206	<p align="center">MALE <input type="checkbox"/></p> <p>Have you ever fathered a boy or girl who was born alive but later died? Any baby who cried or showed signs of life but did not survive?</p>	<p align="center">FEMALE <input type="checkbox"/></p> <p>Have you ever given birth to a boy or girl who was born alive but later died? Any baby who cried or showed signs of life but did not survive?</p>	<p>YES ..... 1</p> <p>NO ..... 2 → 208</p>
207	<p>How many boys have died?</p> <p>And how many girls have died?</p> <p>IF NONE, RECORD '00'.</p>		<p>BOYS DEAD ..... <input type="text"/></p> <p>GIRLS DEAD ..... <input type="text"/></p>
208	<p>SUM ANSWERS TO 203, 205, AND 207, AND ENTER TOTAL. IF NONE, RECORD '00'.</p>		<p>TOTAL ..... <input type="text"/></p>
209	<p align="center">MALE <input type="checkbox"/></p> <p>Just to make sure that I have this right: you have fathered in TOTAL _____ children during your life. Is that correct?</p> <p align="center">FEMALE <input type="checkbox"/></p> <p>Just to make sure that I have this right: you have had in TOTAL _____ births during your life. Is that correct?</p> <p>YES <input type="checkbox"/> NO <input type="checkbox"/> → PROBE AND CORRECT 201-208 AS NECESSARY.</p>		

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
210	MALE <input type="checkbox"/> FEMALE <input type="checkbox"/>		→ 401
211	CHECK 208: ONE OR MORE BIRTHS <input type="checkbox"/> NO BIRTHS <input type="checkbox"/>		→ 215
212	Now I would like to ask you about your last birth, whether the child is still alive or not. In what month and year did you have your last birth?	MONTH ..... <input type="text"/> <input type="text"/> DON'T KNOW MONTH ..... 98 YEAR ..... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW YEAR ..... 9998	→ 214
213	About how many years ago was your last birth?	YEARS AGO ..... <input type="text"/> <input type="text"/>	
214	Is the child still alive?	YES ..... 1 NO ..... 2	
215	Are you pregnant now?	YES ..... 1 NO ..... 2 UNSURE ..... 8	

SECTION 3. ANTENATAL CARE AND BREASTFEEDING

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
301	CHECK 212 AND 213: MOST RECENT BIRTH IN 2006 OR LATER <input type="checkbox"/> NO BIRTH SINCE JANUARY 2006 <input type="checkbox"/>		→ 401
302	Now I would like to ask you about your most recent birth. Did you see anyone for antenatal care for this pregnancy?  IF YES: Whom did you see? Anyone else?  PROBE TO IDENTIFY EACH TYPE OF PERSON AND CIRCLE ALL MENTIONED.	<b>HEALTH PERSONNEL</b> DOCTOR ..... A NURSE/MIDWIFE ..... B MEDICAL ASSISTANT/ CLINICAL OFFICER ..... C NURSING AIDE ..... D <b>OTHER PERSON</b> TRADITIONAL BIRTH ATTENDANT . E  OTHER _____ X (SPECIFY) NO ONE ..... Y	→ 304
303	Where did you receive antenatal care for this pregnancy?  Anywhere else?  RECORD ALL MENTIONED.  IF UNABLE TO DETERMINE IF A HEALTH FACILITY IS PUBLIC OR PRIVATE MEDICAL, WRITE THE NAME OF THE PLACE.  _____ (NAME OF PLACE)	<b>HOME</b> YOUR HOME ..... A TBA'S HOME ..... B OTHER HOME ..... C  <b>PUBLIC SECTOR</b> GOVT. HOSPITAL ..... D GOVT. HEALTH CENTRE ..... E GOVT. HEALTH POST ..... F OTHER PUBLIC ..... G _____ (SPECIFY)  <b>PRIVATE MED. SECTOR</b> PVT. HOSPITAL/CLINIC ..... H OTHER PRIVATE MEDICAL ..... I _____ (SPECIFY) OTHER _____ X (SPECIFY)	→ 305
304	What was the main reason you did not see anyone for antenatal care?	CLINIC TOO FAR ..... 1 HAD NO MONEY ..... 2 HAD NO TIME ..... 3 NOT AWARE HAD TO ATTEND ..... 4 DID NOT WANT TO ATTEND ..... 5  OTHER _____ 6 (SPECIFY) DON'T KNOW ..... 8	
305	Did you ever breastfeed your last born child?	YES ..... 1 NO ..... 2	
306	CHECK 214: CHILD STILL ALIVE <input type="checkbox"/> CHILD DIED <input type="checkbox"/>		→ 401
307	Are you still breastfeeding your last born?	YES ..... 1 NO ..... 2	→ 401
308	For how many months did you breastfeed your last born?	MONTHS ..... <input type="text"/> <input type="text"/>	

**SECTION 4 - MARRIAGE AND SEXUAL ACTIVITY**

NO.	QUESTIONS AND FILTERS		CODING CATEGORIES		SKIP															
401	<p align="center">MALE <input type="checkbox"/></p> <p>Are you currently married or living together with a woman as if married?</p>	<p align="center">FEMALE <input type="checkbox"/></p> <p>Are you currently married or living together with a man as if married?</p>	YES, CURRENTLY MARRIED ..... 1 YES, LIVING WITH A MAN / WOMAN . 2 NO, NOT IN UNION ..... 3		→ 404															
402	<p>Have you ever been married or lived together with a woman as if married?</p>	<p>Have you ever been married or lived together with a man as if married?</p>	YES, FORMERLY MARRIED ..... 1 YES, LIVED WITH A MAN / WOMAN . 2 NO ..... 3		→ 420															
403	<p>What is your marital status now: are you widowed, divorced, or separated?</p>	<p>What is your marital status now: are you widowed, divorced, or separated?</p>	WIDOWED ..... 1 DIVORCED ..... 2 SEPARATED ..... 3		→ 410															
404	<p>Is your wife/partner living with you now or is she staying elsewhere?</p>	<p>Is your husband/partner living with you now or is he staying elsewhere?</p>	LIVING TOGETHER ..... 1 STAYING ELSEWHERE ..... 2																	
405	<p>Do you have more than one wife or woman you live with as if married?</p>	<p>Does your husband/partner have other wives or does he live with other women as if married?</p>	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8		→ 407															
406	<p>Altogether, how many wives do you have or other partners do you live with as if married?</p>	<p>Including yourself, in total, how many wives or other partners does your husband live with now as if married?</p>	NUMBER OF WIVES AND LIVE-IN PARTNERS ..... <input type="text"/> <input type="text"/> DON'T KNOW ..... 98																	
407	<p>CHECK 405:</p> <p><u>IF ONE WIFE/PARTNER:</u> Please tell me the name of your wife (the woman you are living with as if married).</p> <p><u>IF MORE THAN ONE WIFE/PARTNER:</u> Please tell me the name of each of your current wives (and/or of each woman you are living with as if married).</p> <p>RECORD THE NAME(S) AND THE LINE NUMBER(S) FROM THE HOUSEHOLD QUESTIONNAIRE FOR EACH SPOUSE AND LIVE-IN PARTNER.</p> <p>IF THE PERSON IS NOT LISTED IN THE HOUSEHOLD, RECORD '00'.</p> <p>ASK 408 FOR EACH WIFE/HUSBAND/PARTNER.</p>	<p>Please tell me the name of your husband (the man you are living together with as if married).</p>	<table border="1"> <thead> <tr> <th>NAME</th> <th>LINE NUMBER</th> <th>AGE</th> </tr> </thead> <tbody> <tr> <td>_____</td> <td><input type="text"/><input type="text"/></td> <td><input type="text"/><input type="text"/></td> </tr> <tr> <td>_____</td> <td><input type="text"/><input type="text"/></td> <td><input type="text"/><input type="text"/></td> </tr> <tr> <td>_____</td> <td><input type="text"/><input type="text"/></td> <td><input type="text"/><input type="text"/></td> </tr> <tr> <td>_____</td> <td><input type="text"/><input type="text"/></td> <td><input type="text"/><input type="text"/></td> </tr> </tbody> </table>	NAME	LINE NUMBER	AGE	_____	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	_____	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	_____	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	_____	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<p><b>408</b> How old was your wife/husband/partner on his/her last birthday?</p>	
NAME	LINE NUMBER	AGE																		
_____	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>																		
_____	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>																		
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_____	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>																		
409	<p>CHECK 407:</p> <p>MALE <input type="checkbox"/></p> <p>ONE WIFE <input type="checkbox"/></p>	<p>FEMALE <input type="checkbox"/></p>	<p>MALE MORE THAN ONE WIFE <input type="checkbox"/></p>		→ 418A															
410	<p>MALE <input type="checkbox"/></p> <p>Have you been married or lived with someone only once or more than once?</p>	<p>FEMALE <input type="checkbox"/></p> <p>Have you been married or lived with someone only once or more than once?</p>	ONLY ONCE ..... 1 MORE THAN ONCE ..... 2		→ 418															

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
413	<p>MALE <input type="checkbox"/></p> <p>FOR FEMALE RESPONDENTS, CHECK 403:</p> <p>FEMALE CURRENTLY WIDOWED <input type="checkbox"/></p> <p>FEMALE AND Q.403 NOT ASKED <input type="checkbox"/></p> <p>FEMALE CURRENTLY DIVORCED/SEPARATED <input type="checkbox"/></p>		<p>418A</p> <p>418A</p> <p>418A</p>
414	How did your previous marriage or union end?	<p>DEATH/WIDOWHOOD ..... 1</p> <p>DIVORCE ..... 2</p> <p>SEPARATION ..... 3</p>	418A
415	<p>Is your current husband/partner related to your previous husband/partner?</p> <p>IF YES, What is the relationship between your current husband and your previous husband?</p>	<p>YES, BROTHER ..... 1</p> <p>YES, UNCLE ..... 2</p> <p>YES, OTHER ..... 3</p> <p>(SPECIFY)</p> <p>NO, NOT RELATED ..... 4</p>	418A
418	<p>MALE <input type="checkbox"/></p> <p>In what month and year did you start living with your wife/partner?</p>	<p>MONTH ..... <input type="text"/></p> <p>DON'T KNOW MONTH ..... 98</p>	420
418A	<p>FEMALE <input type="checkbox"/></p> <p>In what month and year did you start living with your husband/partner?</p> <p>Now I would like to ask a question about your first wife/partner.</p> <p>In what month and year did you start living with your first wife/partner?</p>	<p>YEAR ..... <input type="text"/></p> <p>DON'T KNOW YEAR ..... 9998</p>	
419	<p>How old were you when you first started living with her?</p> <p>How old were you when you first started living with him?</p>	AGE ..... <input type="text"/>	
420	CHECK FOR THE PRESENCE OF OTHERS. BEFORE CONTINUING, MAKE EVERY EFFORT TO ENSURE PRIVACY.		
421	<p>Now I need to ask you some questions about sexual activity in order to gain a better understanding of some important life issues.</p> <p>How old were you when you had sexual intercourse for the very first time?</p>	<p>NEVER HAD SEXUAL INTERCOURSE 00</p> <p>AGE IN YEARS ..... <input type="text"/></p> <p>FIRST TIME WHEN STARTED LIVING WITH (FIRST) HUSBAND/WIFE/PARTNER... 95</p>	424
422	<p>CHECK 103:</p> <p>15-24 YEARS OLD <input type="checkbox"/></p> <p>25-59 YEARS OLD <input type="checkbox"/></p>		450
423	Do you intend to wait until you get married to have sexual intercourse for the first time?	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>DON'T KNOW/UNSURE ..... 8</p>	450
424	<p>CHECK 103:</p> <p>15-24 YEARS OLD <input type="checkbox"/></p> <p>25-59 YEARS OLD <input type="checkbox"/></p>		429
425	The <u>first</u> time you had sexual intercourse, was a condom used?	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>DON'T KNOW/DON'T REMEMBER ... 8</p>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
426	How old was the person you first had sexual intercourse with?	AGE OF PARTNER ..... <input type="text"/> <input type="text"/> DON'T KNOW ..... 98	→ 429
427	Was this person older than you, younger than you, or about the same age as you?	OLDER ..... 1 YOUNGER ..... 2 ABOUT THE SAME AGE ..... 3 DON'T KNOW/DON'T REMEMBER ... 8	→ 429
428	Would you say this person was ten or more years older than you or less than ten years older than you?	TEN OR MORE YEARS OLDER ..... 1 LESS THAN TEN YEARS OLDER ... 2 OLDER, UNSURE HOW MUCH ..... 3	
429	<p>Now I would like to ask you some questions about your recent sexual activity. Let me assure you again that your answers are completely confidential and will not be told to anyone. If we should come to any question that you do not want to answer, just let me know and we will go on to the next question.</p> <p>When was the <u>last</u> time you had sexual intercourse?</p> <p>IF LESS THAN 12 MONTHS, ANSWER MUST BE RECORDED IN DAYS, WEEKS OR MONTHS.            IF 12 MONTHS (ONE YEAR) OR MORE, ANSWER MUST BE RECORDED IN YEARS.</p>	DAYS AGO ..... 1 WEEKS AGO ..... 2 MONTHS AGO ..... 3 YEARS AGO ..... 4	→ 431   → 449

		LAST SEXUAL PARTNER	SECOND-TO-LAST SEXUAL PARTNER	THIRD-TO-LAST SEXUAL PARTNER
430	When was the last time you had sexual intercourse with this person?		DAYS . 1 <input type="text"/> <input type="text"/> WEEKS 2 <input type="text"/> <input type="text"/> MONTHS 3 <input type="text"/> <input type="text"/>	DAYS . 1 <input type="text"/> <input type="text"/> WEEKS 2 <input type="text"/> <input type="text"/> MONTHS 3 <input type="text"/> <input type="text"/>
431	The last time you had sexual intercourse (with this second/third person), was a condom used?	YES ..... 1 NO ..... 2 (SKIP TO 433) ←	YES ..... 1 NO ..... 2 (SKIP TO 433) ←	YES ..... 1 NO ..... 2 (SKIP TO 433) ←
432	Was a condom used every time you had sexual intercourse with this person in the last 12 months?	YES ..... 1 NO ..... 2	YES ..... 1 NO ..... 2	YES ..... 1 NO ..... 2
433	What was your relationship to this (second/third) person with whom you had sexual intercourse?  IF BOYFRIEND/GIRLFRIEND: Were you living together as if married? IF YES, CIRCLE '2' IF NO, CIRCLE '3'	HUSBAND/WIFE ..... 1 LIVE-IN PARTNER .... 2 BOYFRIEND/GIRLFRIEND NOT LIVING WITH RESPONDENT .... 3 CASUAL ACQUAINTANCE .... 4 PROSTITUTE ..... 5 OTHER ..... 6 (SPECIFY) (SKIP TO 434) ←	HUSBAND/WIFE ..... 1 LIVE-IN PARTNER .... 2 BOYFRIEND/GIRLFRIEND NOT LIVING WITH RESPONDENT .... 3 CASUAL ACQUAINTANCE .... 4 PROSTITUTE ..... 5 OTHER ..... 6 (SPECIFY) (SKIP TO 434) ←	HUSBAND/WIFE ..... 1 LIVE-IN PARTNER .... 2 BOYFRIEND/GIRLFRIEND NOT LIVING WITH RESPONDENT .... 3 CASUAL ACQUAINTANCE .... 4 PROSTITUTE ..... 5 OTHER ..... 6 (SPECIFY) (SKIP TO 434) ←
433A	CHECK 406, 407 AND 410	MARRIED ONLY ONCE <input type="checkbox"/> MARRIED MORE THAN ONCE <input type="checkbox"/> (SKIP TO 434) ←	MARRIED ONLY ONCE <input type="checkbox"/> MARRIED MORE THAN ONCE <input type="checkbox"/> (SKIP TO 434) ←	MARRIED ONLY ONCE <input type="checkbox"/> MARRIED MORE THAN ONCE <input type="checkbox"/> (SKIP TO 434) ←
433B	CHECK 421	1st TIME WITH 1st HUSBAND/ WIFE <input type="checkbox"/> OTHER <input type="checkbox"/> (SKIP TO 434A) →	1st TIME WITH 1st HUSBAND/ WIFE <input type="checkbox"/> OTHER <input type="checkbox"/> (SKIP TO 434A) →	1st TIME WITH 1st HUSBAND/ WIFE <input type="checkbox"/> OTHER <input type="checkbox"/> (SKIP TO 434A) →
434	How long ago did you first have sexual intercourse with this (second/third) person?	DAYS AGO 1 <input type="text"/> <input type="text"/> WEEKS AGO 2 <input type="text"/> <input type="text"/> MONTHS AGO 3 <input type="text"/> <input type="text"/> YEARS AGO 4 <input type="text"/> <input type="text"/>	DAYS AGO 1 <input type="text"/> <input type="text"/> WEEKS AGO 2 <input type="text"/> <input type="text"/> MONTHS AGO 3 <input type="text"/> <input type="text"/> YEARS AGO 4 <input type="text"/> <input type="text"/>	DAYS AGO 1 <input type="text"/> <input type="text"/> WEEKS AGO 2 <input type="text"/> <input type="text"/> MONTHS AGO 3 <input type="text"/> <input type="text"/> YEARS AGO 4 <input type="text"/> <input type="text"/>
434A	How many times during the last 12 months did you have sexual intercourse with this person?	NUMBER OF TIMES <input type="text"/> <input type="text"/>	NUMBER OF TIMES <input type="text"/> <input type="text"/>	NUMBER OF TIMES <input type="text"/> <input type="text"/>
434B	Are you still having sex with this person?	YES ..... 1 NO ..... 2	YES ..... 1 NO ..... 2	YES ..... 1 NO ..... 2
435	CHECK 103:	WOMAN AGE 15-24 <input type="checkbox"/> MAN 15-59/ WOMAN 25-59 <input type="checkbox"/> (SKIP TO 439) ←	WOMAN AGE 15-24 <input type="checkbox"/> MAN 15-59/ WOMAN 25-59 <input type="checkbox"/> (SKIP TO 439) ←	WOMAN AGE 15-24 <input type="checkbox"/> MAN 15-59/ WOMAN 25-59 <input type="checkbox"/> (SKIP TO 439) ←

		LAST SEXUAL PARTNER	SECOND-TO-LAST SEXUAL PARTNER	THIRD-TO-LAST SEXUAL PARTNER
436	How old is this person?	AGE OF PARTNER <input type="text"/> <input type="text"/> (SKIP TO 439) ← DON'T KNOW . . . . . 98	AGE OF PARTNER <input type="text"/> <input type="text"/> (SKIP TO 439) ← DON'T KNOW . . . . . 98	AGE OF PARTNER <input type="text"/> <input type="text"/> (SKIP TO 439) ← DON'T KNOW . . . . . 98
437	Is this person older than you, younger than you, or about the same age?	OLDER . . . . . 1 YOUNGER . . . . . 2 SAME AGE . . . . . 3 DON'T KNOW . . . . . 8 (SKIP TO 439) ←	OLDER . . . . . 1 YOUNGER . . . . . 2 SAME AGE . . . . . 3 DON'T KNOW . . . . . 8 (SKIP TO 439) ←	OLDER . . . . . 1 YOUNGER . . . . . 2 SAME AGE . . . . . 3 DON'T KNOW . . . . . 8 (SKIP TO 439) ←
438	Would you say this person is ten or more years older than you or less than ten years older than you?	TEN OR MORE YEARS OLDER . . 1 LESS THAN TEN YEARS OLDER . . 2 OLDER, UNSURE HOW MUCH . . . 3	TEN OR MORE YEARS OLDER . . 1 LESS THAN TEN YEARS OLDER . . 2 OLDER, UNSURE HOW MUCH . . . 3	TEN OR MORE YEARS OLDER . . 1 LESS THAN TEN YEARS OLDER . . 2 OLDER, UNSURE HOW MUCH . . . 3
439	The last time you had sexual intercourse with this (second/third) person, did you or this person drink alcohol?	YES . . . . . 1 NO . . . . . 2 (SKIP TO 440A) ←	YES . . . . . 1 NO . . . . . 2 (SKIP TO 440A) ←	YES . . . . . 1 NO . . . . . 2 (SKIP TO 440A) ←
440	Were you or your partner drunk at that time?  IF YES: Who was drunk?	RESPONDENT ONLY 1 PARTNER ONLY . . . 2 RESPONDENT AND PARTNER BOTH . 3 NEITHER . . . . . 4	RESPONDENT ONLY 1 PARTNER ONLY . . . 2 RESPONDENT AND PARTNER BOTH . 3 NEITHER . . . . . 4	RESPONDENT ONLY 1 PARTNER ONLY . . . 2 RESPONDENT AND PARTNER BOTH . 3 NEITHER . . . . . 4
440A	What is this partner's HIV status?	NEGATIVE . . . . . 1 POSITIVE . . . . . 2 REFUSED TO ANSWER . . . . . 3 (SKIP TO 440C) ← DON'T KNOW . . . . . 8	NEGATIVE . . . . . 1 POSITIVE . . . . . 2 REFUSED TO ANSWER . . . . . 3 (SKIP TO 440C) ← DON'T KNOW . . . . . 8	NEGATIVE . . . . . 1 POSITIVE . . . . . 2 REFUSED TO ANSWER . . . . . 3 (SKIP TO 440C) ← DON'T KNOW . . . . . 8
440B	What do you think your partner's HIV status is?	NEGATIVE . . . . . 1 POSITIVE . . . . . 2 REFUSED TO ANSWER . . . . . 3 DON'T KNOW . . . . . 8	NEGATIVE . . . . . 1 POSITIVE . . . . . 2 REFUSED TO ANSWER . . . . . 3 DON'T KNOW . . . . . 8	NEGATIVE . . . . . 1 POSITIVE . . . . . 2 REFUSED TO ANSWER . . . . . 3 DON'T KNOW . . . . . 8
440C	The last time you had sex with this partner, did your partner know your HIV status?	YES . . . . . 1 NO . . . . . 2 REFUSED TO ANSWER . . . . . 3 DON'T KNOW . . . . . 8	YES . . . . . 1 NO . . . . . 2 REFUSED TO ANSWER . . . . . 3 DON'T KNOW . . . . . 8	YES . . . . . 1 NO . . . . . 2 REFUSED TO ANSWER . . . . . 3 DON'T KNOW . . . . . 8 (SKIP TO 441A) ←
441	Apart from [this person/these two people], have you had sexual intercourse with any other person in the last 12 months?	YES . . . . . 1 (GO BACK TO 430 IN NEXT COLUMN) NO . . . . . 2 (SKIP TO 443) ←	YES . . . . . 1 (GO BACK TO 430 IN NEXT COLUMN) NO . . . . . 2 (SKIP TO 443) ←	
441A	CHECK 430			LESS THAN 3 MONTHS <input type="text"/> MORE THAN 3 MONTHS <input type="text"/> ↓ (SKIP TO 442) ←

		LAST SEXUAL PARTNER	SECOND-TO-LAST SEXUAL PARTNER	THIRD-TO-LAST SEXUAL PARTNER
441B	In total, with how many different people have you had sexual intercourse in the last 3 months?  IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE. IF GREATER THAN 95, WRITE ' 95'.			NUMBER OF PARTNERS LAST 3 MONTHS <input type="text"/> <input type="text"/> DON'T KNOW ..... 98
442	In total, with how many different people have you had sexual intercourse in the last 12 months?  IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE. IF GREATER THAN 95, WRITE ' 95'.			NUMBER OF PARTNERS LAST 12 MONTHS <input type="text"/> <input type="text"/> DON'T KNOW ..... 98
442A	With how many of these people are you still having sex?			NUMBER OF CURRENT SEXUAL PARTNERS <input type="text"/> <input type="text"/> DON'T KNOW ..... 98

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
443	MALE <input type="checkbox"/> FEMALE <input type="checkbox"/>		→ 448B
444	CHECK 433 (ALL COLUMNS): AT LEAST ONE PARTNER IS PROSTITUTE <input type="checkbox"/> NO PARTNERS ARE PROSTITUTES <input type="checkbox"/>		→ 446
445	CHECK 432 AND 433 (ALL COLUMNS): CONDOM USED WITH EVERY PROSTITUTE <input type="checkbox"/> NO CONDOM USED/ CONDOM NOT USED WITH EVERY PROSTITUTE <input type="checkbox"/>		→ 449 → 448
446	In the last 12 months, did you pay anyone in exchange for having sexual intercourse?	YES ..... 1 NO ..... 2	→ 449
447	The last time you paid someone in exchange for sexual intercourse, was a condom used?	YES ..... 1 NO ..... 2	→ 449
448	Was a condom used during sexual intercourse every time you paid someone in exchange for having sexual intercourse in the last 12 months?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	→ 449
448B	Did you ever give sex in exchange for goods or services?	YES ..... 1 NO ..... 2 REFUSED TO ANSWER ..... 3 DON'T KNOW ..... 8	→ 448E
448C	Did this happen in the last 12 months?	YES ..... 1 NO ..... 2 REFUSED TO ANSWER ..... 3 DON'T KNOW ..... 8	
448D	The last time this happened, was a condom used?	YES ..... 1 NO ..... 2 REFUSED TO ANSWER ..... 3 DON'T KNOW ..... 8	
448E	Did you ever give sex in exchange for money?	YES ..... 1 NO ..... 2 REFUSED TO ANSWER ..... 3 DON'T KNOW ..... 8	→ 449
448F	Did this happen in the last 12 months?	YES ..... 1 NO ..... 2 REFUSED TO ANSWER ..... 3 DON'T KNOW ..... 8	
448G	The last time this happened, was a condom used?	YES ..... 1 NO ..... 2 REFUSED TO ANSWER ..... 3 DON'T KNOW ..... 8	
449	In total, with how many different people have you had sexual intercourse in your lifetime? IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE. IF GREATER THAN 95, WRITE ' 95'.	NUMBER OF PARTNERS IN LIFETIME ..... <input type="text"/> <input type="text"/> DON'T KNOW ..... 98	
450	Do you know of a place where a person can get condoms?	YES ..... 1 NO ..... 2	→ 453A

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
451	<p>Where is that?</p> <p>Any other place?</p> <p>PROBE TO IDENTIFY EACH TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE(S).</p> <p>IF UNABLE TO DETERMINE IF HOSPITAL, HEALTH CENTER OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE NAME OF THE PLACE.</p> <hr/> <p>(NAME OF PLACE(S))</p>	<p><b>PUBLIC SECTOR</b></p> <p>GOVT. HOSPITAL ..... A</p> <p>GOVT. HEALTH CENTER ..... B</p> <p>FAMILY PLANNING CLINIC ..... C</p> <p>OUTREACH ..... D</p> <p>GOVT COMMUNITY BASED DISTRIBUTOR ..... E</p> <p>OTHER PUBLIC ..... F</p> <p>(SPECIFY)</p> <p><b>PRIVATE MEDICAL SECTOR</b></p> <p>PRIVATE HOSPITAL/CLINIC ..... G</p> <p>PHARMACY/DRUG SHOP ..... H</p> <p>PRIVATE DOCTOR/NURSE/MIDWIFE ..... I</p> <p>OUTREACH ..... J</p> <p>NGO COMMUNITY BASED DISTRIBUTOR ..... K</p> <p>OTHER PRIVATE MEDICAL ..... L</p> <p>(SPECIFY)</p> <p><b>OTHER SOURCE</b></p> <p>SHOP ..... M</p> <p>RELIGIOUS INSTITUTION ..... N</p> <p>FRIEND/RELATIVE ..... O</p> <p>OTHER ..... X</p>	
452	If you wanted to, could you yourself get a condom?	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>DON'T KNOW/UNSURE ..... 8</p>	
453	In the last 12 months, have you ever run short of condoms because they were not available at the place you normally get them?	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>NEVER USED CONDOM ..... 3</p> <p>DON'T KNOW/UNSURE ..... 8</p>	
453A	<p>CHECK COVER:</p> <p>RESPONDENT SELECTED FOR SV QUESTIONS <input type="checkbox"/></p> <p>RESPONDENT NOT SELECTED <input type="checkbox"/></p>	501	
453B	<p>CHECK FOR PRESENCE OF OTHERS:</p> <p>DO NOT CONTINUE UNTIL EFFECTIVE PRIVACY IS ENSURED.</p> <p>PRIVACY OBTAINED <input type="checkbox"/></p> <p>PRIVACY NOT POSSIBLE <input type="checkbox"/></p>	501	
453C	<p>READ TO THE RESPONDENT</p> <p>Now I would like to ask you questions about some other important aspects of women's and men's lives. I know that some of these questions are very personal. However, your answers are crucial for helping to understand the condition of women and men in Uganda. Let me assure you that your answers are completely confidential and will not be told to anyone else. You are the only person in this household who will be asked these questions and no one else in the household will know that you have been asked the questions.</p>		
454	Were you ever physically forced to have sex against your will?	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>REFUSED TO ANSWER ..... 3</p> <p>DON'T KNOW ..... 8</p>	456
455	Did this happen in the last 12 months?	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>REFUSED TO ANSWER ..... 3</p> <p>DON'T KNOW ..... 8</p>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
456	Were you ever coerced to have sex, that is, against your will but without the use of physical force?	YES ..... 1 NO ..... 2 REFUSED TO ANSWER ..... 3 DON'T KNOW ..... 8	→ 457A
457	Did this happen in the last 12 months?	YES ..... 1 NO ..... 2 REFUSED TO ANSWER ..... 3 DON'T KNOW ..... 8	
457A	CHECK 454 AND 456:  RESPONDENT REPORTED BEING COERCED TO HAVE SEX AGAINST THEIR WILL WITH OR WITHOUT PHYSICAL FORCE <input type="checkbox"/>	RESPONDENT DID NOT REPORT BEING COERCED TO HAVE SEX AGAINST THEIR WILL <input type="checkbox"/>	→ 501
458	What was your relationship with the last person who forced you to have sex against your will?	SPOUSE ..... 11 OTHER SEX PARTNER ..... 12 FATHER ..... 13 BROTHER ..... 14 UNCLE ..... 15 GRANDPARENT ..... 16 COUSIN ..... 17 NEPHEW ..... 18 OTHER FAMILY MEMBER ..... 19 TEACHER ..... 21 EMPLOYER ..... 31 ACQUAINTANCE ..... 32 STRANGER ..... 33 REFUSED TO ANSWER ..... 95 DON'T KNOW ..... 98	
459	Did you report this to the police?	YES ..... 1 NO ..... 2 REFUSED TO ANSWER ..... 3 DON'T KNOW ..... 8	→ 501 → 501
460	What is the main reason why you did not report this to the police?	DID NOT KNOW WHO TO GO TO ... 01 IT WILL BE OF NO USE ..... 02 IT IS PART OF LIFE ..... 03 AFRAID OF DIVORCE/DISERTION ... 04 AFRAID OF FURTHER VIOLENCE .... 05 AFRAID OF GETTING PERSON INTO TROUBLE ..... 06 EMBARRASSED TO REPORT ..... 07 DID NOT WANT TO DISGRACE FAMILY ..... 08 NOT IMPORTANT ..... 09 OTHER ..... 96	



NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
517	<p>During any of the antenatal visits for your last birth, did anyone talk to you about:</p> <p>Babies getting the AIDS virus from their mother?  Things that you can do to prevent getting the AIDS virus?  Getting tested for the AIDS virus?</p>	<p style="text-align: center;"><u>YES</u>   <u>NO</u>   <u>DK</u></p> <p>AIDS FROM MOTHER   1   2   8  THINGS TO DO ...   1   2   8  TESTED FOR AIDS .   1   2   8</p>	
518	Were you tested for the AIDS virus as part of your antenatal care?	YES ..... 1 NO ..... 2	→ 520
519	Were you offered a test for the AIDS virus as part of your antenatal care?	YES ..... 1 NO ..... 2	→ 521L
520	<p>Where was the test done?</p> <p>PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.</p> <p>IF UNABLE TO DETERMINE IF HOSPITAL, HEALTH CENTER, VCT CENTER, OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE NAME OF THE PLACE.</p> <p>_____</p> <p style="text-align: center;">(NAME OF PLACE)</p>	<p><b>PUBLIC SECTOR</b></p> GOVERNMENT HOSPITAL ..... 11 GOVT. HEALTH CENTER ..... 12 STAND-ALONE VCT CENTER ..... 13 FAMILY PLANNING CLINIC ..... 14 OUTREACH ..... 15 GOVT COMMUNITY BASED WORKER ..... 16  OTHER PUBLIC _____ 17 (SPECIFY) <p><b>PRIVATE/NGO MEDICAL SECTOR</b></p> PRIVATE HOSPITAL/CLINIC ..... 21 STAND-ALONE VCT CENTER ..... 22 PHARMACY/DRUG SHOP ..... 23 PRIVATE DOCTOR/NURSE/MIDWIFE 24 OUTREACH ..... 25 TASO ..... 26 AIDS INFORMATION CENTER ... 27 OTHER PRIVATE/NGO MEDICAL _____ 28 (SPECIFY) OTHER _____ 96 (SPECIFY)	
521A	Did you get the result of the test?	YES ..... 1 NO ..... 2	→ 521L
521B	What was the result of the test?	POSITIVE ..... 1 NEGATIVE ..... 2 REFUSED TO ANSWER ..... 3 DON'T KNOW ..... 8	→ 521L
521C	During the pregnancy or during labor and delivery, were you offered anti-retroviral drugs to reduce the risk of passing on the AIDS virus to your unborn baby?	YES ..... 1 NO ..... 2 ALREADY ON ART ..... 3 DON'T KNOW ..... 8	→ 521F → 521E → 521F
521D	Did you take the drugs?	YES, BOTH MOTHER AND BABY ... 1 ONLY MOTHER ..... 2	
521E	Was your baby also given treatment? IF YES, CIRCLE CODE 1 FOR YES, MOTHER AND BABY. IF NO, CIRCLE CODE 2 , ONLY MOTHER.	ONLY BABY ..... 3 NEITHER ..... 4 DON'T KNOW ..... 8	
521F	CHECK 214: CHILD STILL ALIVE <input type="checkbox"/> ↓ CHILD DIED <input type="checkbox"/> →		→ 521L

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
521H	Has the child ever been tested for HIV?  IF YES: What is the child's HIV status?	YES-POSITIVE ..... 1 YES-NEGATIVE ..... 2 NO, NEVER TESTED ..... 3 REFUSED TO ANSWER ..... 4 DON'T KNOW ..... 8	→ 521L
521I	You said your child has HIV. Is your child taking any medicine for HIV?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	→ 521L
521J	Is your child taking Septrin or Co-trimoxazole daily?	YES, DAILY ..... 1 YES, NOT DAILY ..... 2 NO ..... 3 DON'T KNOW ..... 8	
521K	Is your child taking anti-retrovirals or ARVs daily?	YES, DAILY ..... 1 YES, NOT DAILY ..... 2 NO ..... 2 DON'T KNOW ..... 8	
521L	During your last pregnancy, were you tested for syphilis?	YES ..... 1 NO ..... 2 REFUSED TO ANSWER ..... 3 DON'T KNOW ..... 8	→ 521O
521M	What was the result of that syphilis test?	POSITIVE ..... 1 NEGATIVE ..... 2 REFUSED TO ANSWER ..... 3 DON'T KNOW ..... 8	→ 521O
521N	Did you receive treatment for syphilis?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
521O	CHECK 518:  HAD HIV TEST DURING ANC <input type="checkbox"/> NO HIV TEST DURING ANC <input type="checkbox"/>		→ 524
521P	CHECK 521B:  RESPONSE OTHER THAN POSITIVE TEST RESULT/NO RESPONSE <input type="checkbox"/> POSITIVE TEST RESULT <input type="checkbox"/>		→ 530
522	Have you been tested for the AIDS virus since that time you were tested during your pregnancy?	YES ..... 1 NO ..... 2	→ 530
523	When was the last time you were tested for the AIDS virus?	LESS THAN 12 MONTHS AGO ..... 1 12 - 23 MONTHS AGO ..... 2 2 OR MORE YEARS AGO ..... 3	→ 526
524	Have you ever been tested to see if you have the AIDS virus?	YES ..... 1 NO ..... 2	→ 541
525	When was the last time you were tested?	LESS THAN 12 MONTHS AGO ..... 1 12 - 23 MONTHS AGO ..... 2 2 OR MORE YEARS AGO ..... 3	
526	The last time you had the test, did you yourself ask for the test, was it offered to you and you accepted, or was it required?	ASKED FOR THE TEST ..... 1 OFFERED AND ACCEPTED ..... 2 REQUIRED ..... 3	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
527	<p>Where was the test done?</p> <p>PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.</p> <p>IF UNABLE TO DETERMINE IF HOSPITAL, HEALTH CENTER, VCT CENTER, OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE NAME OF THE PLACE.</p> <p>_____</p> <p>(NAME OF PLACE)</p>	<p><b>PUBLIC SECTOR</b></p> <p>GOVERNMENT HOSPITAL ..... 11</p> <p>GOVT. HEALTH CENTER ..... 12</p> <p>STAND-ALONE VCT CENTER ..... 13</p> <p>FAMILY PLANNING CLINIC ..... 14</p> <p>OUTREACH ..... 15</p> <p>GOVT COMMUNITY BASED WORKER ..... 16</p> <p>OTHER PUBLIC _____ 17 (SPECIFY)</p> <p><b>PRIVATE/NGO MEDICAL SECTOR</b></p> <p>PRIVATE HOSPITAL/CLINIC ..... 21</p> <p>STAND-ALONE VCT CENTER ..... 22</p> <p>PHARMACY/DRUG SHOP ..... 23</p> <p>PRIVATE DOCTOR/NURSE/MIDWIFE 24</p> <p>OUTREACH ..... 25</p> <p>TASO ..... 26</p> <p>AIDS INFORMATION CENTER ..... 27</p> <p>OTHER PRIVATE/NGO MEDICAL _____ 28 (SPECIFY)</p> <p>OTHER _____ 96 (SPECIFY)</p>	
528	Did you get the results of the last test?	<p>YES ..... 1</p> <p>NO ..... 2</p>	→ 530
529	What was the result of the test?	<p>POSITIVE ..... 1</p> <p>NEGATIVE ..... 2</p> <p>REFUSED TO ANSWER ..... 3</p> <p>DON'T KNOW ..... 8</p>	
530	How many times in total have you been tested for HIV (including the test(s) you have told me about)?	<p>NUMBER <input type="text"/> <input type="text"/></p> <p>DON'T KNOW ..... 98</p>	
531	Have you ever been tested for HIV together as a couple?	<p>YES ..... 1</p> <p>NO ..... 2</p>	
532	<p>CHECK 521B AND 529:</p> <p>EITHER IS "POSITIVE" TEST RESULT <input type="checkbox"/></p> <p>RESPONSE OTHER THAN POSITIVE TEST RESULT/NO RESPONSE IN BOTH QUESTIONS <input type="checkbox"/></p>		→ 541
533	Are you taking Septrin or Co-trimoxazole daily?	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>DON'T KNOW ..... 8</p>	→ 535
534	<p>From where did you get the supply of Septrin (Co-trimoxazole) you are taking now?</p> <p>PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.</p> <p>IF UNABLE TO DETERMINE IF HOSPITAL, HEALTH CENTER, VCT CENTER, OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE NAME OF THE PLACE.</p> <p>_____</p> <p>(NAME OF PLACE)</p>	<p><b>PUBLIC SECTOR</b></p> <p>GOVERNMENT HOSPITAL ..... 11</p> <p>GOVT. HEALTH CENTRE/CLINIC 12</p> <p>GOVERNMENT DISPENSARY .. 13</p> <p>OTHER PUBLIC _____ 16 (SPECIFY)</p> <p><b>PRIVATE MEDICAL SECTOR</b></p> <p>MISSION/CHURCH HOSP./CLNC 21</p> <p>PRIVATE HOSPITAL/CLINIC ..... 23</p> <p>OTHER PRIVATE MEDICAL _____ 26 (SPECIFY)</p> <p>OTHER _____ 96 (SPECIFY)</p>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
535	Are you taking ARVs, that is, antiretroviral medications daily?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	→ 539
536	From where did you get the ARVs you are taking the last time?  PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.  IF UNABLE TO DETERMINE IF HOSPITAL, HEALTH CENTER, VCT CENTER, OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE NAME OF THE PLACE.  _____ (NAME OF PLACE)	<b>PUBLIC SECTOR</b> GOVERNMENT HOSPITAL ..... 11 GOVT. HEALTH CENTRE/CLINIC ..... 12 GOVERNMENT DISPENSARY .. 13 OTHER PUBLIC ..... 16 (SPECIFY) <b>PRIVATE MEDICAL SECTOR</b> MISSION/CHURCH HOSP./CLNC ..... 21 PRIVATE HOSPITAL/CLINIC ..... 23 OTHER PRIVATE MEDICAL ..... 26 (SPECIFY) OTHER ..... 96 (SPECIFY)	
537	The place where you get your ARVs, how many kilometers is it away from your home?  PROBE DISTANCE IN KM AND WRITE RESPONDENT'S BEST GUESS.	NUMBER OF KILOMETERS ..... <input type="text"/> <input type="text"/> <input type="text"/>  250 KILOMETERS OR MORE ... 995 DON'T KNOW ..... 998	
538	How long have you been on the ARVs?  RECORD THE ANSWER IN MONTHS IF LESS THAN ONE YEAR. RECORD '00' IF LESS THAN ONE MONTH.	MONTHS ..... 1 <input type="text"/> <input type="text"/> YEARS ..... 2 <input type="text"/> <input type="text"/>	
539	Have you ever been offered a test of your immunity level, i.e., a test that shows the CD4 count?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	→ 543
540	Did you ever have the CD4 test done?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	→ 543
541	Do you know of a place where people can go to get tested for the AIDS virus?	YES ..... 1 NO ..... 2	→ 543
542	Where is that?  PROBE TO IDENTIFY THE TYPE OF SOURCE(S) AND THE APPROPRIATE CODE.  IF UNABLE TO DETERMINE TYPE OF SOURCE, WRITE THE NAME OF THE PLACE.  _____ (NAME OF PLACE)  Any other place?	<b>PUBLIC SECTOR</b> GOVERNMENT HOSPITAL ..... A GOVT. HEALTH CENTER ..... B STAND-ALONE VCT CENTER ..... C FAMILY PLANNING CLINIC ..... D OUTREACH ..... E GOVT COMMUNITY BASED WORKER ..... F OTHER PUBLIC ..... G (SPECIFY) <b>PRIVATE/NGO MEDICAL SECTOR</b> PRIVATE HOSPITAL/CLINIC ..... H STAND-ALONE VCT CENTER ..... I PHARMACY/DRUG SHOP ..... J PRIVATE DOCTOR/NURSE/MIDWIFE K OUTREACH ..... L TASO ..... M AIDS INFORMATION CENTER ..... N OTHER PRIVATE/NGO MEDICAL ..... O (SPECIFY) OTHER ..... X (SPECIFY)	
543	Would you buy fresh vegetables from a shopkeeper or vendor if you knew that this person had the AIDS virus?	YES ..... 1 NO ..... 2 DK/NOT SURE/DEPENDS ..... 8	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
544	If a member of your family got infected with the AIDS virus, would you want it to remain a secret or not?	YES, REMAIN A SECRET ..... 1 NO ..... 2 DK/NOT SURE/DEPENDS ..... 8	
545	If a member of your family became sick with the virus that causes AIDS, would you be willing to care for her or him in your own household?	YES ..... 1 NO ..... 2 DK/NOT SURE/DEPENDS ..... 8	
546	In your opinion, if a female teacher has the AIDS virus but is not sick, should she be allowed to continue teaching in the school?	SHOULD BE ALLOWED ..... 1 SHOULD NOT BE ALLOWED ..... 2 DK/NOT SURE/DEPENDS ..... 8	
547	Do you personally know someone who has been denied health services in the last 12 months because he or she is suspected to have the AIDS virus or has the AIDS virus?	YES ..... 1 NO ..... 2 DK ANYONE WITH AIDS ..... 3	→ 552
548	Do you personally know someone who has been denied involvement in social events, religious services, or community events in the last 12 months because he or she is suspected to have the AIDS virus or has the AIDS virus?	YES ..... 1 NO ..... 2	
549	Do you personally know someone who has been verbally abused or teased in the last 12 months because he or she is suspected to have the AIDS virus or has the AIDS virus?	YES ..... 1 NO ..... 2	
550	CHECK 547, 548, 549:  NOT A SINGLE <input type="checkbox"/> "YES" ↓	AT LEAST ONE "YES" <input type="checkbox"/>	→ 552
551	Do you personally know someone who is suspected to have the AIDS virus or who has the AIDS virus?	YES ..... 1 NO ..... 2	
552	Do you agree or disagree with the following statement: People with the AIDS virus should be ashamed of themselves.	AGREE ..... 1 DISAGREE ..... 2 DON'T KNOW/NO OPINION ..... 8	
553	Do you agree or disagree with the following statement: People with the AIDS virus should be blamed for bringing the disease into the community.	AGREE ..... 1 DISAGREE ..... 2 DON'T KNOW/NO OPINION ..... 8	
554	Should children age 12-14 be taught about using a condom to avoid getting AIDS?	YES ..... 1 NO ..... 2 DK/NOT SURE/DEPENDS ..... 8	
555	Should children age 12-14 be taught to wait until they get married to have sexual intercourse in order to avoid getting AIDS?	YES ..... 1 NO ..... 2 DK/NOT SURE/DEPENDS ..... 8	
555A	CHECK 521B AND 529:  RESPONSE OTHER THAN POSITIVE TEST RESULT/NO RESPONSE IN BOTH QUESTIONS <input type="checkbox"/> ↓	EITHER IS "POSITIVE" TEST RESULT <input type="checkbox"/>	→ 605
556	Please tell me, now that there is treatment for AIDS, are you more, less or equally careful about avoiding HIV/AIDS?	MORE CAREFUL ..... 1 LESS CAREFUL ..... 2 EQUALLY CAREFUL ..... 3 DON'T KNOW ..... 8	
557	In your opinion, are the chances that you can get HIV high or low?	HIGH ..... 1 LOW ..... 2 DON'T KNOW ..... 8	
558	If you were to get HIV, from whom would you most likely get it?	SPOUSE ..... 1 BOY/GIRLFRIEND ..... 2 STRANGER ..... 3 COMMERCIAL SEX PARTNER ..... 4 DON'T KNOW ..... 8	

SECTION 6 - OTHER HEALTH ISSUES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
601	<p>Now I would like to ask you some questions about any injections you have had in the last twelve months. Have you had an injection for any reason in the last twelve months?</p> <p>IF YES: How many injections did you have?</p> <p>IF NUMBER OF INJECTIONS IS GREATER THAN 90, OR DAILY FOR 3 MONTHS OR MORE, RECORD '90'.</p> <p>IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE.</p>	<p>NUMBER OF INJECTIONS ... <input type="text"/> <input type="text"/></p> <p>NONE ..... 00</p>	→ 607
602	<p>Among these injections, how many were administered by a doctor, a nurse, a pharmacist, a dentist, or other health worker?</p> <p>IF NUMBER OF INJECTIONS IS GREATER THAN 90, OR DAILY FOR 3 MONTHS OR MORE, RECORD '90'.</p> <p>IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE.</p>	<p>NUMBER OF INJECTIONS ... <input type="text"/> <input type="text"/></p> <p>NONE ..... 00</p>	→ 605
603	<p>The last time you had an injection given to you by a trained health worker, where did you go to get the injection?</p> <p>PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.</p> <p>IF UNABLE TO DETERMINE IF HOSPITAL, HEALTH CENTER OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE NAME OF THE PLACE.</p> <p>_____</p> <p>(NAME OF PLACE)</p>	<p><b>PUBLIC SECTOR</b></p> <p>GOVERNMENT HOSPITAL ..... 11</p> <p>GOVT. HEALTH CENTER ..... 12</p> <p>OTHER PUBLIC _____ 16</p> <p>(SPECIFY)</p> <p><b>PRIVATE MEDICAL SECTOR</b></p> <p>PRIVATE HOSPITAL/CLINIC/</p> <p>PRIVATE DOCTOR ..... 21</p> <p>DENTAL CLINIC/OFFICE ..... 22</p> <p>PHARMACY/DRUG SHOP ..... 23</p> <p>OFFICE OR HOME OF NURSE/</p> <p>HEALTH WORKER ..... 24</p> <p>OTHER PRIVATE</p> <p>MEDICAL _____ 26</p> <p>(SPECIFY)</p> <p><b>OTHER PLACE</b></p> <p>AT HOME ..... 31</p> <p>OTHER _____ 96</p> <p>(SPECIFY)</p>	
604	<p>Did the person who gave you that injection take the syringe and needle from a new, unopened package?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>DK ..... 8</p>	
605	<p>In addition to trained health workers, sometimes other people also give injections. Did you ever get an injection from an untrained person?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>DK ..... 8</p>	→ 607
606	<p>Where did you last get such an injection?</p>	<p>DRUG SHOP ..... 1</p> <p>SHRINE/TRADITIONAL HEALERS ... 2</p> <p>HOME ..... 3</p> <p>OTHER ..... 4</p> <p>DON'T KNOW ..... 8</p>	
607	<p>MALE <input type="checkbox"/></p> <p style="text-align: center;">↓</p> <p>FEMALE <input type="checkbox"/></p>		→ 612
608	<p>Now I would like to ask you a few questions about male circumcision, that is, the procedure where the foreskin is removed from the penis in males. Some men are circumcised. Are you circumcised?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p>	→ 611
609	<p>How old were you when you were circumcised?</p> <p>RECORD '00' IF AGE AT CIRCUMCISION LESS THAN 1 YEAR</p>	<p>AGE IN YEARS ..... <input type="text"/> <input type="text"/></p> <p>DON'T KNOW ..... 98</p>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
610	Where were you circumcised?	HEALTH CARE FACILITY ..... 1 AT HOME ..... 2 ELSEWHERE ..... 6 (SPECIFY) DON'T KNOW ..... 8	→ 613
611	Would you like to be circumcised?	YES ..... 1 NO ..... 2 NOT SURE/DON'T KNOW ..... 8	→ 613
612	Male circumcision is the procedure where the foreskin is removed from the penis in males. Would you recommend your male relatives/friends who are not circumcised to go for male circumcision?	YES ..... 1 NO ..... 2 NOT SURE/DON'T KNOW ..... 8	
613	Would you recommend your male relatives/friends who are not circumcised to go for male circumcision?		
614	CHECK 501: <input type="checkbox"/> HEARD ABOUT AIDS Apart from AIDS, have you heard about other infections that can be transmitted through sexual contact? <input type="checkbox"/> NOT HEARD ABOUT AIDS Have you heard about infections that can be transmitted through sexual contact?	YES ..... 1 NO ..... 2	
615	CHECK 421: HAS HAD SEXUAL INTERCOURSE <input type="checkbox"/> HAS NOT HAD SEXUAL INTERCOURSE <input type="checkbox"/>		→ 623
616	CHECK 614: HEARD ABOUT OTHER SEXUALLY TRANSMITTED INFECTIONS? YES <input type="checkbox"/> NO <input type="checkbox"/>		→ 618
617	Now I would like to ask you some questions about your health in the last 12 months. During the last 12 months, have you had a disease which you got through sexual contact?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
618	<b>MALE</b> Sometimes men experience an abnormal discharge from their penis. During the last 12 months, have you had an abnormal discharge from your penis? <b>FEMALE</b> Sometimes women experience a bad smelling abnormal genital discharge. During the last 12 months, have you had a bad smelling abnormal genital discharge?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
619	Sometimes men have a sore or ulcer on or near their penis. During the last 12 months, have you had an ulcer or sore on or near your penis? Sometimes women have a genital sore or ulcer. During the last 12 months, have you had a genital sore or ulcer?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
620	CHECK 617, 618, AND 619: HAS HAD AN INFECTION (ANY 'YES') <input type="checkbox"/> HAS NOT HAD AN INFECTION OR DOES NOT KNOW <input type="checkbox"/>		→ 623
621	The last time you had (PROBLEM FROM 614/615/616), did you seek any kind of advice or treatment?	YES ..... 1 NO ..... 2	→ 623

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
622	<p>Where did you go?</p> <p>Any other place?</p> <p>PROBE TO IDENTIFY EACH TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE(S).</p> <p>IF UNABLE TO DETERMINE IF HOSPITAL, HEALTH CENTER VCT CENTER, OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE NAME OF THE PLACE.</p> <p>_____</p> <p>(NAME OF PLACE(S))</p>	<p><b>PUBLIC SECTOR</b></p> <p>GOVERNMENT HOSPITAL ..... A</p> <p>GOVT. HEALTH CENTER ..... B</p> <p>STAND-ALONE VCT CENTER ..... C</p> <p>FAMILY PLANNING CLINIC ..... D</p> <p>OUTREACH ..... E</p> <p>GOVT. COMMUNITY BASED WORKER ..... F</p> <p>OTHER PUBLIC _____ G</p> <p>(SPECIFY)</p> <p>PRIVATE HOSPITAL/CLINIC ..... H</p> <p>STAND-ALONE VCT CENTER ..... I</p> <p>PHARMACY/DRUG SHOP ..... J</p> <p>PRIVATE DOCTOR/NURSE/MIDWIFE ..... K</p> <p>OUTREACH ..... L</p> <p>TASO ..... M</p> <p>AIDS INFORMATION CENTER ..... N</p> <p>OTHER PRIVATE/NGO MEDICAL _____ O</p> <p>(SPECIFY)</p> <p>SHOP ..... P</p> <p>OTHER _____ X</p> <p>(SPECIFY)</p>	
623	<p>Husbands and wives do not always agree on everything. If a wife knows her husband has a disease that she can get during sexual intercourse, is she justified in refusing to have sex with him?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>DON'T KNOW ..... 8</p>	
624	<p>If a wife knows her husband has a disease that she can get during sexual intercourse, is she justified in asking that they use a condom when they have sex?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>DON'T KNOW ..... 8</p>	
625	<p>Is a wife justified in refusing to have sex with her husband when she is tired or not in the mood?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>DON'T KNOW ..... 8</p>	
626	<p>Is a wife justified in refusing to have sex with her husband when she knows her husband has sex with women other than his wife or wives?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>DON'T KNOW ..... 8</p>	
627	<p>CHECK 401:</p> <p>FEMALE, CURRENTLY MARRIED/ LIVING WITH A PARTNER <input type="checkbox"/></p> <p>FEMALE, NOT IN UNION <input type="checkbox"/></p> <p>MALE <input type="checkbox"/></p>	<p>→ 630</p> <p>→ 630</p>	
628	<p>Can you say no to your husband/partner if you do not want to have sexual intercourse?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>DEPENDS/UNSURE ..... 8</p>	
629	<p>Could you ask your husband/partner to use a condom if you wanted him to?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>DEPENDS/UNSURE ..... 8</p>	
630	<p>RECORD THE TIME.</p>	<p>HOUR ..... <input type="text"/> <input type="text"/></p> <p>MINUTES ..... <input type="text"/> <input type="text"/></p> <p>MORNING ..... 1</p> <p>AFTERNOON ..... 2</p> <p>EVENING/NIGHT ..... 3</p>	